C+D

1359-3009

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17 January 2009

Phoenix boss slams talk of company sale

Exclusive - see page 4

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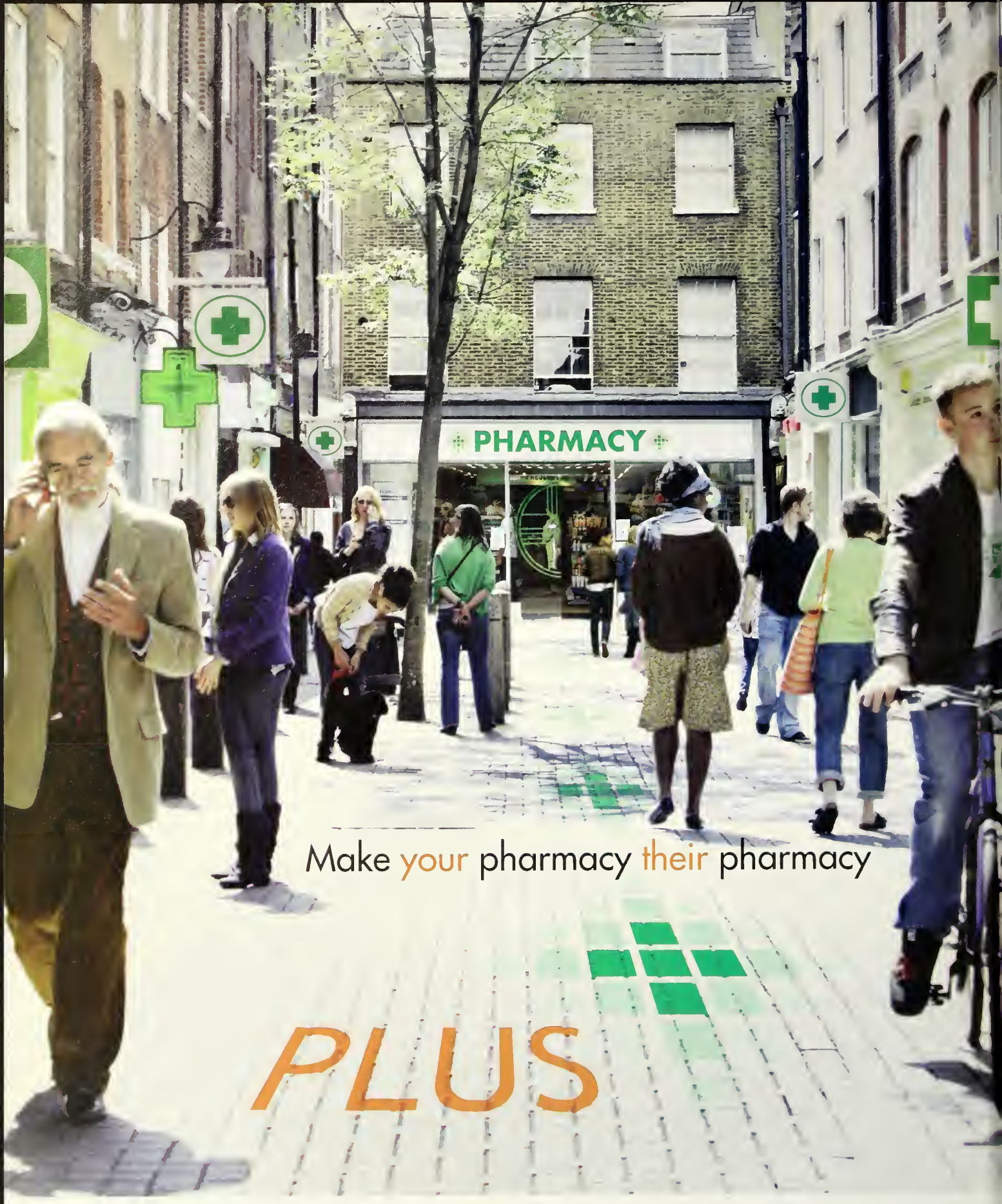

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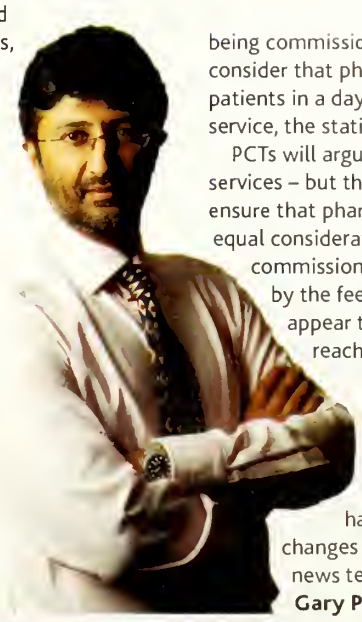
Comment from the Editor

There is a long-held view that health is a recession-proof business. Yeah, right. I think we can safely say that mantra is well and truly dead.

Like every other part of the economy, community pharmacy faces a tough 2009 – people are less willing to part with their cash, credit is non-existent, bureaucracy is stifling, and there is every reason to believe that the NHS will expect a lot more in return for every buck it invests.

And as C+D reported throughout 2008, and again this year, every pharmacy – large and small – is in the same boat. Staff cuts, reduced opening hours, businesses for sale, and cashflow problems all point to an industry under the cosh.



While contractors can hope that 2009-10 funding agreements will bring new revenue, there is another area that needs more immediate scrutiny – the abject failure of PCTs to commission enhanced services from pharmacy in any sort of sustainable fashion.

The industry has been repeatedly told that the skills of pharmacists and their staff are under-utilised by the NHS. Well if that's true, it is certainly not the fault of community pharmacists.

Government statistics reveal a woeful level of enhanced services being commissioned from pharmacies. And when you consider that pharmacies probably interact with more patients in a day than any other primary care health service, the statistics make even less sense.

> "PCTs need to ensure pharmacy is given equal consideration when it comes to commissioning decisions"

PCTs will argue that it's up to pharmacy to pitch services – but this is a two-way process. PCTs need to ensure that pharmacy is on their radar and is given equal consideration when it comes to the commissioning decisions. Unfortunately, judging by the feedback C+D gets from readers, it would appear there is some way to go before we reach that level.

C+D is launching an investigation looking at how PCTs make use of pharmacy services – but we need your help. What problems and difficulties have you faced? As an industry we have shown that a united voice can make changes happen – email your comments to the news team at mgosney@cmpmedica.com

Gary Paragpuri, Editor

Contents

Phoenix boss: we're not for sale

EXCLUSIVE Chief executive Paul Smith quashes rumours of sell-off following death of company's billionaire owner

Paul Smith: "Rowlands is categorically not for sale"

Max Gosney

Phoenix chief Paul Smith has dismissed "speculation" that the company has put Rowlands, Numark and its UK wholesaling business up for sale.

"It's just nonsense. We are not for sale in the UK and are not talking to anybody," Mr Smith told C+D in an exclusive interview.

The rebuff follows a report in The Times last week that claimed banks had put Phoenix UK on the market after the suicide of the firm's owner, Adolf Merckle. Rival newspapers then linked Boots and the Co-op to takeover bids for the 500-strong Rowlands pharmacy chain, owned by Phoenix.

Mr Smith dismissed these claims. Rowlands was "categorically not for sale", he stressed. He told C+D: "We understand it has been an unsettling time for our staff and customers and it shouldn't be. Our business is in a strong position and it's business as usual."

Independent pharmacy group Numark and Phoenix's wholesale business were also not on the market, he added.

Mr Smith met with colleagues at Phoenix's parent company in Germany this week. The group remained "absolutely committed" to the UK, Mr Smith said.

The company hit the headlines after the body of its billionaire owner was found near a railway line in Germany.

The suicide fuelled speculation that Phoenix could be broken up to raise cash for creditors. Mr Smith confirmed that the group's owners do intend to sell Ratiopharm, a Germany-based generics firm, but said there were no plans to cash in on its UK assets.

Phoenix UK had a strong Christmas period, he added. However, Rowlands had been affected by hostile retail trading conditions, Mr Smith revealed. "The high street is a very difficult place to be. We're not immune... but nobody else is, either." Mr Smith has been chief executive at Phoenix since February 2007.

How is the credit crunch affecting you?
mgosney@cmpmedica.com

Wholesalers could cut discounts, BAPW warns

Wholesalers could reduce some discounts to pharmacies if manufacturers do not guarantee them against potential stock losses under new branded drugs prices, their trade organisation has warned.

The BAPW (British Association of Pharmaceutical Wholesalers) has called on manufacturers to compensate wholesalers for stock purchased before February 1, but which is then sold on to pharmacies at reduced prices due to come into effect after this date.

If companies did not provide this guarantee, wholesalers could "be forced to consider a reduction in discounts to pharmacy, only on those products where compensation is not guaranteed", warned BAPW executive director Martin Sawer.

It was "too early to say" which wholesalers might consider the move, Mr Sawer said, but he emphasised the decision would be made by individual wholesalers.

Stock losses "may have to be reflected" in wholesalers' terms, AAH MD Mark James agreed, "depending on the circumstances". UniChem had no plans to reduce discounts "at the current time", a spokesperson said. Phoenix declined to comment.

Neither did Mr Sawer reveal further details about which manufacturers' products might be affected. But he added: "We're only talking about a couple of manufacturers... most manufacturers are being very helpful."

PSNC chief executive Sue Sharpe hoped all manufacturers would reach an agreement with wholesalers soon. She said: "We would be very concerned if there were further reductions in discount levels caused by manufacturers' failure to give credit." **JR**

Supply schemes hit double figures with latest deal

The number of manufacturer- led supply deals hit double figures this week as Novo Nordisk announced its selection of Phoenix and UniChem as wholesale partners.

The chosen wholesalers will continue to manage discounts and delivery frequency under the deal, which comes into effect on March 2.

Novo Nordisk supply chain manager Kirsty Tait said: "We are confident that both partners have the capabilities to deliver the best possible service."

Phoenix was "delighted" to have been selected by Novo Nordisk. The deal "underlines that we have the professionalism and capability to operate within the two-wholesaler model", said Phoenix CEO Paul Smith.

UniChem was "pleased" to have been chosen in the UK's 10th supply deal, which is also significant for being the first to exclude leading wholesaler AAH since Pfizer's direct-to-pharmacy scheme.

AAH was "disappointed" not to have been selected and pledged to minimise disruption to its customers. "We hope there will be an opportunity to work with Novo Nordisk in the near future," a spokesperson added. **JR**

How have supply deals affected you?
jrichardson@cmpmedica.com

The Reverend on recycling:
Turn to p25

Boots unveils plans for in-store GPs

EXCLUSIVE Developing pilots is key priority for 2009, healthcare director reveals

Jennifer Richardson

Boots has outlined plans to develop its in-store GP model in 2009 in an exclusive interview with C+D.

The in-store GP pilots had been "exciting projects" in 2008 and developing them would be a key priority for Boots this year, healthcare director Tricia Kennerley said. "We're looking at how that's going to develop and the future opportunities there are around that."

Of the multiple's six locations with in-store GPs, one now also had a blood donor centre and another had been converted into a "healthy living centre", Ms Kennerley said. The latter premises included six GPs, seven dental chairs, a sexual health clinic and an NHS walk-in centre, she added.

The Birmingham-based "healthy living centre" was currently being redesigned, Ms Kennerley said, "so we can bring the pharmacist and all the healthcare providers together, so we can really create destination healthcare for patients in that store".

Co-location has increased referrals between pharmacists and other healthcare providers at Boots's pilot stores

Pharmacists had reacted "exceptionally well" to their in-store colleagues, Ms Kennerley said, and the format had resulted in an increased number of referrals between pharmacists, GPs and other healthcare providers.

She added: "For them to be able to work more closely with their colleagues has been a really positive move."

To see C+D's exclusive video interview with Tricia Kennerley, go to www.chemistanddruggist.co.uk

Pharmacist dies in holiday tragedy


Victoria Harmer

Hampshire pharmacists have paid tribute to a colleague who died when she collided with a rock while riding on a rubber ring in Belize.

Victoria Harmer, 35, was killed in the accident while on the Mopan River on Boxing Day.

Victoria worked for Hampshire PCT as a medicines management pharmacist, advising GP surgeries in the south east and west of the county.

Neil Hardy, head of medicines management for Hampshire PCT, praised her as an "extremely able and hard working" professional, remarking on her sense of humour and love of travel.

"She will be hugely missed by her friends and colleagues within the PCT and the surgeries that she worked with."

Mike Holden, chief officer of Hampshire & Isle of Wight LPC, described Victoria as a highly regarded pharmacist. He said: "She is a tragic loss to the profession and to the team."

John Wong, head of the school of pharmacy and biomedical sciences at the University of Portsmouth, also expressed his sadness at the news.

"We have met with her family to discuss setting up a student prize in her memory," he added. **CC**

Lewisham Pill pilot is coming

The Lewisham pharmacy pilot scheme providing the contraceptive pill to women without a prescription is close to launching, C+D understands.

Sources at Lambeth, Southwark & Lewisham LPC said they expected the scheme to start in Lewisham "very shortly". Comparable schemes in Lambeth and Southwark are not expected to start until the middle of 2009 (C+D, December 13, p4).

Around 20 pharmacists taking part in the scheme have already been selected and are due to start training this week.

The LPC is still negotiating over the service fees, and it is yet to be decided whether pharmacists will supply six or just three months' supply, C+D was told.

One pharmacist on the scheme said they did not yet have the service specification, but not all Pills will be included. **ZS**

News in brief

C+D & PDA Union Salary Survey

C+D has teamed up with the PDA Union for the Salary Survey 2009. Launching next week, the C+D and PDA Union Salary Survey will reveal the hopes and fears of employed and self-employed pharmacists and support staff. Look out in next week's issue for how to take part. www.chemistanddruggist.co.uk/salarysurvey

RP warning

Pharmacists must be alert to the responsible pharmacist (RP) legislation changes or find themselves "in hot water", the PDA has warned, as the RPSGB launched a consultation on draft guidance for the regulations. www.chemistanddruggist.co.uk

Members speak out

Over 800 RPSGB members submitted their views on its plans for a new professional body for pharmacy, before consultation closed last Friday. The submissions, which will be presented at the Society's February Council meeting, represent less than 1.5 per cent of the RPSGB's 54,000 pharmacist and pharmacy technician members. www.chemistanddruggist.co.uk

Price cut time lag

Branded medicines price cuts due to come into effect in February will not be reflected in pharmacy reimbursement until March prescription payments, Community Pharmacy Scotland and PSNC have confirmed. The clarification follows a one-month delay to the cuts.

UniChem lowers fuel levy

UniChem has lowered its fuel surcharge from £9.85 to £4.95, effective from February 1.

News in brief

Boots stays with NPA

Boots has signalled its support for the NPA by renewing its membership until 2011. The two-year deal, which commenced on January 1, has been hailed as a move that strengthens the entire community pharmacy sector by NPA chief executive John Turk.
www.chemistanddruggist.co.uk

Best behaviour guide

There is an art in turning 'bad' habits into 'good' ones. Scientists call it behaviour change and it is explained in module 5 of Skills for Public Health, in your C+D this week. To help your customers with healthy new year resolutions, the module tells you about the key theories and models of behaviour change to put these into practice.
Skills for Public Health is supported by gsk PLUS

NCSO update

The Department of Health and National Assembly for Wales have agreed to allow NCSO endorsements for the following items for January prescriptions: hydroxyzine 25mg tablets and Ketoprofen 100mg capsules.

Sickie day storm

Benylin has stirred up a storm among business owners with its latest advertising concept. The campaign includes tips on phoning or emailing in sick. Small businesses claim it encourages skiving among workers.
chemistanddruggist.co.uk/news

PCTs lack reform ability

PCTs lack the ability to implement the reforms proposed in Lord Darzi's NHS Next Stage Review, MPs have said. The Parliamentary Health Committee said variable PCT management was "striking and depressing", and it remained unconvinced by nationwide plans for GP-led health centres.
chemistanddruggist.co.uk/news

"The future of the RPSGB is in our hands." Read more of Ashwin Tanna's thoughts at www.chemistanddruggist.co.uk/letters

Erratic category M cuts causing cashflow crisis

MP reports community pharmacists 'shouldering a disproportionate burden'

Colin Brown

Pharmacists are facing a "disproportionate burden" in the economic downturn and could go bust because of erratic swings in category M funding, the government was warned this week.

Contractors were nearing crisis point because of inconsistent clawbacks on profits, Liberal Democrat MP Adrian Sanders told colleagues. He launched a parliamentary debate to address the issue after being contacted by distressed local contractors.

Mr Sanders said: "The current economic downturn is adversely affecting many areas of society but community pharmacists are shouldering a disproportionate burden."

He added: "In recent years the reimbursement regime has led to financial uncertainty and this is being compounded by restrictions in credit."

Adrian Sanders MP: white paper is a financial opportunity for pharmacists

The comments came after Mr Sanders was contacted by pharmacists in his constituency over funding problems.

He was told that category M clawbacks of up to £30,000 per pharmacy would mean a 10 per cent cut on their incomes, threatening their businesses.

He said the pharmacy white paper provided "an outstanding opportunity to consolidate the good work already done by pharmacists and develop their role further to the benefit of the communities they serve".

But he warned this opportunity could be missed if the current financial problems were not solved: "Not only will many pharmacists be unable to afford diversification, some may be threatened with bankruptcy by the capricious nature of the clawback system."

Mr Sanders said: "The future of community pharmacy is at an apex and the government must act carefully to ensure this vital community resource is not irreparably damaged."

**Pfizer has hit back in the battle against counterfeit medicines with a hard-hitting cinema advert revealing the health risks involved in buying medicines from illicit websites. The advert, which features a man pulling a dead rat from his mouth, warns that counterfeit medicines may contain dangerous substances. It will be shown across 2,651 cinema screens nationally until March. The campaign has received backing from the MHRA and patient groups. Dr David Gillen, Pfizer medical director, said: "The time has come to issue a clear, unified message to people about the dangers of purchasing medicines from illicit and unregulated sources." Speaking to C+D, Dr Gillen highlighted the vital role pharmacists can play: "This is a massive opportunity to reinforce the importance of reporting anything that can affect patients."
See Pfizer's advert online at chemistanddruggist.co.uk/news**

PCT guidance on PNAs 'no help'

Guidance to help PCTs to produce pharmaceutical needs assessments (PNAs) has reignited industry fears over the documents.

The assessments will be used to help PCTs decide what pharmacy services to commission, and to make decisions on new pharmacy applications.

The guidance includes:

- how PNAs should be integrated into PCTs' existing commissioning cycles
- how to write a PNA
- how PNAs fit with world class commissioning.

Noel Wardle, a solicitor at healthcare law specialists Charles Russell, said producing the assessments described in the new guidance would be a "monumental task". Keeping them updated with any changes in pharmacy services or neighbourhoods would also be a challenge, he warned.

"I doubt the PCTs are going to have the administrative capabilities to carry these out in the detail this document suggests," he said.

Shafique Govani, head of the Beta Buying Group added: "The guidance is there but PCTs can do what they want with it; follow it or ignore it."

A DH spokesperson said the PNA-based control of entry system would be more transparent, robust and systematic than "the current flawed test". **ZS**

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Dispensary TALK

What one thing would you change in pharmacy in 2009?

"Pharmacy really needs to push forward even more, and having a strong leadership body is the most important thing because all the others are already happening at the moment – the PCT I belong to already does a lot of services."
Aniket Parikh, Clockwork Pharmacy, Hackney, London

"More commissioning of PCT services, because it seems to be really difficult to get that to happen. Things like minor ailments [services] – there's a lot of talk about them and they seem to be a positive thing, but it's quite difficult to get them commissioned. But I suppose it depends on the area you work in."
Andrew Mawhinney, Lloydspharmacy, Barton, Torquay

WEB VERDICT:

A strong leadership body for pharmacy 32%
A ban on manufacturer supply deals 17%
Greater commissioning of pharmacy services by PCTs 49%
More POM to P switches 1%

Armchair view: PCTs' New Year's resolutions need to be to commission more pharmacy services, according to poll respondents, while POM to P switches are bottom of your concerns for 2009.
Next week's question: Do you feel secure in your pharmacy? Vote at **www.chemistanddruggist.co.uk**

Lecturer given the all-clear in exam fixing case

RPSGB to foot the bill for half of professor's legal costs after defeat

UK Law

A pharmacy lecturer has been cleared of misconduct allegations after a decision to increase students' test scores at De Montfort University.

The RPSGB had claimed Professor Larry Goodyer, head of pharmacy at De Montfort University, had failed to notify them of a decision to raise marks at a meeting in June 2004. The move ensured more than 70 students moved up to a pass mark, the RPSGB said.

However, Judge John Samuels roundly dismissed the allegations against Professor Goodyer. He said: "His integrity remains unsullied. He had done everything that was required of him. Everything that happened arose from an academic disagreement about markings."

The Society has agreed to pay half of Professor Goodyer's legal costs following the defeat.

The hearing was told that Professor Goodyer had said he did not want to be head of a school "that failed 50 per cent of students at the first assessment".

He had added that, unless drastic action was taken, the course could lose enough students to trigger redundancies among university staff, the disciplinary meeting heard. However, Professor Goodyer's legal team successfully made submissions of no case to answer at the end of the Society's case.

A De Montfort University spokesperson said: "The university is pleased the panel came to this conclusion... and that Professor Goodyear has been vindicated in this matter."

The university was put on probationary status following the scandal in 2005, but is now fully accredited for MPharm degrees.

The RPSGB said Professor Goodyer had failed to notify them of a decision to raise marks

Herbal myths must be dispelled

Pharmacists have a moral and ethical duty to dispel patient myths about herbal medicines, experts have said.

The comments came in response to MHRA-commissioned research that found almost 60 per cent of herbal medicine users believe such products are "safe because they are natural".

Richard Woodfield, group manager for herbal medicines at the MHRA, said: "[The public] still remains vulnerable to some of the less responsible operators who peddle low grade and sometimes dangerous herbal products."

Survey respondents said they trusted pharmacists to offer advice on herbal medicines though, and Professor Edzard Ernst, who occupies the complementary medicine chair at the Peninsula Medical School, said pharmacists selling the products had a duty to advise patients.

A Vogel, which has secured licences for a number of herbal medicines, said the research showed a "real need" for pharmacists to guide consumers.

The MHRA's Traditional Herbal Registration Scheme will require that from 2011 all herbal medicines are made to assured standards of safety and quality, and have adequate patient information. **ZS**

'Offensive' advert withdrawn after complaints

Adverts for a nasal delivery treatment for erectile dysfunction have been removed after being slammed as "offensive, gratuitous and inappropriate".

The Advanced Medical Institute (AMI), which supplies the product, agreed to drop the ads after an "unprecedented level of complaints". The Advertising Standards Authority (ASA) received more than 400 complaints about the billboard banners. The ASA challenged the legality of the billboard posters, pointing out that the advertised treatment is only available on prescription. Under existing rules it is illegal to advertise POMs to the public in the UK. However, the billboards were legally defensible, AMI stressed. **CC**

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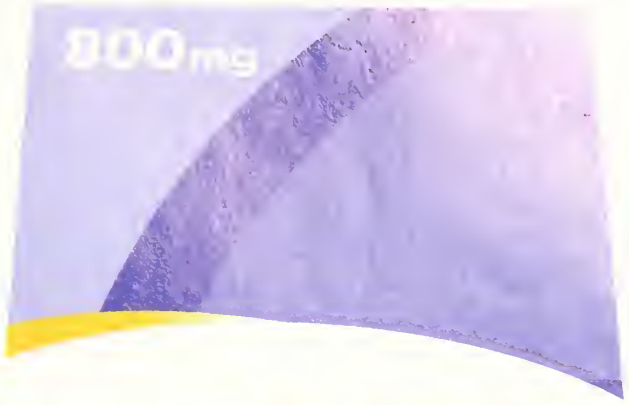

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Reference:
1. Asacol 800mg MR tablets Summary of Product Characteristics, September 2007

Date of Document Preparation January 2008. AS7609/55578.20

Adverse events should be reported to Procter & Gamble Pharmaceuticals UK Ltd on 01784 474900. Information about adverse event reporting can be found at www.yellowcard.gov.uk

To hear more from the GPhC steering group go to:
www.chemistanddruggist.co.uk/news

A new sheriff in town

With the RPSGB handing over pharmacy regulation to the GPhC next year, **Jennifer Richardson** meets the man behind the new law enforcement agency and asks what this means to pharmacists

Proportionate must be the key word for the future pharmacy regulator, according to the man charged with guiding its formation. "A regulator should ensure public safety – but also recognise the lives and work of the people it is regulating, and not be unnecessarily burdensome," says Ken Jarrold, chair of the PROLOG steering group that has the somewhat burdensome task of bringing the planned General Pharmaceutical Council (GPhC) to life. "The fundamental, objective test for the chair and members of the Council will be: does the Council command the confidence of the public and the profession?"

That is not to suggest that the GPhC will have doubts as to where its loyalty lies; on that Mr Jarrold is very clear. "The primary purpose of the GPhC will be the protection of the public. That's what it's there for," the healthcare consultant says.

Indeed, Mr Jarrold says the main difference between current regulation under the Royal Pharmaceutical Society and future regulation under the GPhC will be the "clarity" that comes from the separation of the Society's dual role as both regulator and professional leader.

This will bring the profession into line with the government's vision for modern healthcare regulation, as set out in the 2007 white paper Trust, Assurance and Safety. "The RPSGB could never have achieved those aims," says Mr Jarrold, "because it was a professional body." He explains further: "The public may have in the past wondered how a regulator could protect their interest when it was run by the profession – so a modern regulator is one not dominated by the profession."

In practice, this is likely to mean that the number of pharmacy appointments to the Council will not exceed lay members' presence, Mr Jarrold says. An announcement was expected as C+D went to press. It is also important, he says, that members are neither elected by nor accountable to the profession. "It's an entirely different mode of operating to the current RPSGB."

Instead, the Council will be accountable directly to Parliament, independent of government, and selected by the independent Appointments Commission. PROLOG (Professional Regulation and Leadership Oversight Group) will be briefing the Appointments Commission on desirable qualifications for lay members: "Experience of healthcare services, experience of regulation or experience of other activities that enable them to understand public issues."

Despite this clear separation between regulation and leadership, however, Mr Jarrold says the regulator would be "very wise" to work with and take advice from the new professional body the RPSGB is set to form. One area this will be important for is communication with members, which Mr Jarrold says should be "a very high priority" for the GPhC. For example, he adds: "We're very keen that the Council should have a presence in each of the three countries that it covers."

Another area for alliance would be in the setting of professional standards. This would cover the practical implementation of plans for the GPhC to monitor prospective pharmacy students for "any factors which may indicate prospective students' unsuitability for training as a pharmacist or pharmacy technician", as proposed in a draft of the Pharmacy Order 2009 that will officially create the GPhC.

The proposal for a GPhC "point of contact" in each of England, Scotland and Wales is also set out in the draft order, currently the subject of a live consultation to which Mr Jarrold is "very keen" that community pharmacists respond. A key consultation topic for community pharmacists is a proposed "flexible approach to fee-setting", Mr Jarrold says. "For example, the Council might set a lower fee for newly-qualified pharmacists."

The Council might also, the consultation suggests, set higher fees for pharmacies carrying out "high risk" services. Mr Jarrold is sure the Council will be alert to the danger that this could be seen as a deterrent against pioneering enhanced practice but, he says: "I think most people will accept that flexible fee-setting makes sense.

"You have to achieve a balance between charging – I think very reasonably – somebody with large complex premises more than those with small, simple premises."

Which brings us back to the need for proportionality. Quite what "unnecessarily burdensome" regulation would constitute is less than clear, and is unlikely to become so until the Council is in operation, scheduled for spring next year. (For example, the possible decriminalising of dispensing errors is, Mr Jarrold says, "something for the future".)

But he does say that the GPhC chair will need to maintain "regular dialogue" with government, PCTs, overarching watchdog the Care Quality Commission, and other healthcare regulators to "make sure there's no duplication between these bodies and that their activities are highly co-ordinated".

On its formation 18 months ago, the PROLOG group came under fire for a perceived lack of grassroots pharmacists. But Mr Jarrold says it has been "a huge privilege for us to be involved in the future of the profession", and reassures pharmacists: "We will do our very best to see that the legacy that we hand the chair and Council members is a strong legacy."

The next stage, Mr Jarrold says, is down to you. "Please take part in this [consultation] – it's very important for the profession, for you as individual professionals, and for the public."

To find out more and have your say on the new regulator go to
www.chemistanddruggist.co.uk/news

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Please note; from January 2009 Ascensia® MICROLET® lancets will be known as simply MICROLET lancets. You will still be able to fulfil your customer's prescriptions for these in the same way, but please advise them to get their prescriptions changed to MICROLET lancets. The PIP code will remain 280-0043 for a pack of 100, and 280-0050 for a pack of 200.

simplewins

CDMG 01/09

Credit crunch = crime?

With leaked Home Office documents warning that retail crime will rise, **Chris Chapman** examines the threat posed to pharmacies during the recession

Two men are advancing rapidly toward the pharmacy counter. They're wearing hoodies and you can't see their faces. Perhaps they're just wrapped up warm, but their steady, rapid footfalls resonate with malice.

They're at the counter. One of them thrusts a gun in your face. The other is barking orders. "Open the till. Now. Open the till or we'll fire."

What do you do? What can you do?

On New Year's Eve, the staff at Rohpharm pharmacy in Plaistow, East London, asked themselves similar questions. Threatened with a gun in a carrier bag, all they could do was give the criminals the till contents and press the panic alarm button (C+D, January 3/10, p5).

Is this attack a harbinger of worse to come? Last year, a leaked document from the home secretary Jacqui Smith confirmed government fears that theft and violence would increase during the economic downturn.

And pharmacies are at increased risk compared with other high street shops, warns John Murphy, spokesman for the Pharmacists' Defence Association (PDA). "Pharmacies in general have a high footfall, a lot of drugs and probably a fair amount of cash in them as well. The only other type of premises you could put in a similar category are garages and off-licences."

While the future is uncertain, current crime figures make grim reading for pharmacists. The British Retail Consortium reports that shoplifters strike every 90 seconds in the UK and, according to the Centre for Retail Research, some of the most popular items targeted are perfumes, cosmetics and razor blades – items found in most community pharmacies.

Violence against healthcare workers is also on the rise, with 55,993 reported physical assaults against NHS staff in England in 2007-08.

It's not all doom and gloom, though. Simple measures can significantly reduce the risks posed to your pharmacy and your staff. While no premises will ever be completely immune to crime, schemes have dramatically reduced violence and robberies with innovations all pharmacies should consider.

Get help

While business owners are responsible for ensuring that they protect their premises and staff, pharmacies can call on a range of support networks for help and guidance.

Every PCT in England is required to nominate a local security management specialist (LSMS) to act as a single point of contact and co-ordinate security for community contractors. The NHS Security Management Service website contains valuable information on security and posters you can place in your pharmacy (www.nhsbsa.nhs.uk/SecurityManagement.aspx).

PSNC also includes violence against the profession as part of contract talks. It is a signatory of the NHS security management service charter, guaranteeing pharmacists conflict resolution training. While this will not deter theft, it may enhance staff security.

What you can do today to protect your pharmacy

- Assess the risk posed to your pharmacy and staff.
- Consider worst-case scenarios. Could you escape the consultation room if a patient becomes violent?
- Download the PDA personal safety resource pack.
- Contact your PCT and find out how to get in touch with your local security management specialist.
- Report any incidents of crime or violence you have experienced recently.
- Ensure staff do not lock up alone.
- Read your MEP and check what information you can – and can't – disclose.

Assess your risk

The PDA recommends every pharmacy should undertake a risk assessment. A resource pack available from the PDA website (www.the-pda.org/pdf/ViolenceInPharmacy_RPack.pdf) gives instructions on how to carry out this vital exercise.

As well as considering your locality, you should identify particularly vulnerable areas of practice, such as consultation rooms, methadone clinics and when closing the pharmacy.

Improve your security

Once you've completed your assessment, it's time to address any high-risk areas you've identified. The PDA resource pack outlines the crucial security installations that protect your stock, staff and premises.

As well as advice from the PDA and your LSMS, you may be able to sign up to local initiatives designed to improve security. Raid-control (www.raid-control.org) is a crime initiative that reduced violence against pharmacies in Croydon by 88 per cent. It offers free advice and visits to raise awareness of potential risks.

It also offers police certification: at a minimum, members are required to provide robbery awareness training, cash minimisation, time-delayed systems, CCTV and indelible marking equipment. The scheme has already been adopted by 13 police forces across the country.

Report incidents

If something does happen, it's vital to report it, says Gareth Jones, NPA NHS liaison manager. "We would urge our members to report all incidents," he states, emphasising that tough action will be taken.

"Offensive or abusive behaviour should also be reported." All incidents should be reported to your LSMS, and an incident report form should be completed. If the incident is serious, pharmacists should also contact the police. The RPSGB's Medicines, Ethics and Practice guide states when it is ethical to disclose information about a patient to a police officer.

Now, more than ever, it is vital pharmacies adopt a zero tolerance policy towards crime. The UK is in the grip of a recession. Lost stock means lost revenue and possibly increased insurance premiums at a time when few can afford the extra drain on resources.

And ultimately, concludes Andy Townsend, director of Raid-control: "One of the most important things to protect is people."

Security is an investment that no pharmacy can afford to be without.

What safety measures do you have in place? Let us know by emailing: **cchapman@cmpmedica.com**

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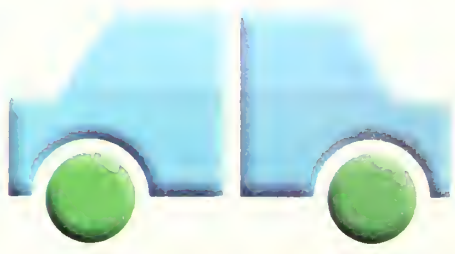

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Bless you, my sick patients

Your local community pharmacy is the best place to go if you want advice and treatment for your colds and flu. It's also the best place to work if you want to catch a cold or the flu.

Despite dosing myself up to the eyeballs with echinacea and vitamin C, and praying for a divine boost to my immune system, I succumbed, along with many of my staff, to a nasty bout of influenza at the busiest time of year.

I ignored my own advice as usual and dragged myself to work. After all, who would tend to all those flu victims if I didn't? And the shop was already a hot bed of infection with everyone sneezing over each other. Luckily, staff managed to pass the lurgy between themselves in an orderly manner so that only one or two were off work at once.

But with our delivery driver, the wholesaler's normal driver, swathes of locums and PCT staff off sick it was easy to see how quickly a flu pandemic would bring the country to its knees. What if there weren't enough healthy staff to open pharmacies? But they wouldn't have any medicines if all the delivery drivers were ill. If enough GPs were sick there wouldn't be any prescriptions to dispense anyway. And if the supermarkets couldn't open we'd quickly run out of food and that cough mixture would seem less important.

On the plus side, we seem to have escaped a pandemic so far. Sick people are also great for business. A serious outbreak of any infectious illness is the perfect antidote to the recession. Customers might be making their toothbrush last a little longer, or switching to cheaper brands of toiletries, but they must have their medicine at the first sign of a runny nose or tickly throat. Preferably two or three packs.

OTC manufacturers should consider more ibuprofen-based cold remedies because I'm constantly telling people they can't have multiple paracetamol-based cold remedies. And please come up with a few reassuringly expensive 'pseudoephedrine-free, hypertensive friendly' multi-action products. Then I can make even more sales. Whether patients' desire to purchase several packs of expensive medicine "just in case" represents good faith in OTC medication, or a lack of belief that one product will do the trick, I'm unable and unwilling to change their minds.

I'm struggling to keep the shelves stocked as a result of all these people who need "something for my sore throat, a dose for night time, a pack for my handbag, one for the cupboard, a cough medicine, oh and I'd better have some of that in case the other doesn't work".

While my patients are rubbing their chests with Vick, I'm rubbing my hands with glee. Now all my staff have some immunity, we're ready for anything.

Long live the flu!

Pharmacist in the House Sandra Gidley

Why I love the internet (and so should you)

Maybe it is because the last three weeks have been relatively politics free or because I am fed up with hearing about the credit crunch, but I thought that, for a change, I would write about the internet.

The media love to paint the 'net' as something sinister and to focus on the negative aspects of the world wide web. But, as someone married to a computer nerd, I was an early user and recognised its potential for acquiring knowledge. My Encyclopaedia Brittanica was redundant.

Not everyone was as enthusiastic. In 1997 my father was terminally ill and he asked me to accompany him to the hospital so that I could ask "right questions". I decided to ask the consultant what chemotherapy he would be taking. She glared at me and refused to answer. The assertiveness training kicked in and I decided to adopt the "stuck record" approach until I received the information I required.

Eventually the exasperated consultant said: "I really don't see why you need to know." I patiently explained that I was a pharmacist and would be able to help my dad more if I knew exactly what he was taking. "Oh, that's OK!" came the reply. "I thought for a moment you were going to look it up on the internet!"

Well, so what if I was? Would that really have been such a bad thing? In my pre-reg year, in the dark old days of the 70s when labels were hand written, I encountered a locum who used to scrawl the drug name because he didn't think it was a good idea for patients to know exactly what they were taking!

We have come a long way since then, but pharmacy was slow to adopt IT and many shops introduced an internet connection long after their customers had web access. I often question why many pharmacists took so long to provide customers with well sourced information.

As the new year gets off to a financially rocky start, pharmacists have to think about how they can add value to their work. If someone can look up their symptoms on the internet and then trot to the nearest supermarket, it might be worth thinking about what needs to be offered if pharmacy is to be the destination of choice.

Happy New Year!

Sandra Gidley, Lib Dem MP and shadow health spokesperson

THE MOTHER (AND FATHER) OF ALL POM-TO-P SWITCHES.

It is now possible to treat people with confirmed chlamydia and their sexual partners without a prescription. Chlamydia is the most common sexually transmitted infection. People generally don't know they have it, but left untreated chlamydia poses a serious threat to fertility. Now you can offer potential mothers and fathers the reassurance of a diagnostic test and - *for the first time without prescription* - an oral antibiotic to clear the infection.

It's called the Clamelle chlamydia service, a significant public health initiative made possible by the POM-to-P switch of azithromycin. To take part you will need to register with the NPA, complete your Clamelle training and order Clamelle. Then you'll be ready to help your customers on their way to parenthood.

To register with the NPA, contact 01727 800 401.

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- The acute effects of stopping smoking can continue for more than 10 weeks[2]
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CHAMPIX® Film-Coated Tablets (varenicline tartrate) ABBREVIATED PRESCRIBING INFORMATION – UK. (See Champix Summary of Product Characteristics for full Prescribing Information). Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation:** White, capsular-shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 0.5" on the other side and light blue, capsular-sheped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 1.0" on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8-End of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should start 1-2 weeks before this date. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. **Patients with renal insufficiency:** *Mild to moderate renal impairment:* No dosage adjustment is necessary. *Patients with moderate renal impairment who experience intolerable adverse events:* Dosing may be reduced to 1 mg once daily. *Severe renal impairment:* 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. *Patients with end stage renal disease:* Treatment is not recommended. **Patients with hepatic impairment and elderly patients:** No dosage adjustment is necessary. **Paediatric patients:** Not recommended in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** *Effect of smoking cessation:* Stopping smoking may alter the pharmacokinetics or pharmacodynamics of some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Depression, suicidal ideation and behaviour and suicide attempts have been reported in patients attempting to quit smoking with Champix in the post-marketing experience. Not all patients had stopped smoking at the time of onset of symptoms and not all patients had known pre-existing psychiatric illness. Champix should be discontinued immediately if agitation, depressed mood or changes in behaviour that are of concern for the doctor, the patient, family or caregivers are observed, or if the patient develops suicidal ideation or suicidal behaviour. Depressed mood, rarely including suicidal ideation and suicide attempt, may be a symptom of nicotine withdrawal. In addition, smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). The safety and efficacy of Champix in patients with serious psychiatric illness has not been established. There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered. **Pregnancy and lactation:** Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast feeding mothers when the benefit outweighs the risk. **Driving and operating machinery:** Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. Patients are advised not to drive, operate complex machinery or engage in other potentially hazardous activities until it is known whether this medicinal product affects their ability to perform these activities. **Side-Effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly reported side-effects were abnormal dreams, insomnia, headache and nausea. Commonly reported side-effects were increased appetite, somnolence, dizziness, dysgeusia, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence, dry mouth and fatigue. See SmPC for other less commonly reported side-effects. **Overdose:** Standard supportive measures to be adopted as required. Varenicline has been shown to be dialyzed in patients with and stage renal disease, however, there is no experience in dialysis following overdose. **Legal category:** POM **Basic NHS cost:** Pack of 25 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30, Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30, Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60, Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60, Pack of 56 1 mg tablets Card (EU/1/06/360/005) £54.60. Not all pack sizes may be marketed / marketed at launch. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. **Further information on request:** Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey, KT20 7NS. Last revised: 08/2008.

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Pfizer Medical Information on 01304 616161.

For further information, please contact Pfizer Medical Information on 01304 616161 or email medinfo.uk@pfizer.com

References: 1. CHAMPIX Summary of Product Characteristics. August 2008. 2. West R and Shiffman S, Fast Facts. Smoking cessation. Indispensable guides to clinical practice. 2004, Oxford: Health Press. 3. Gonzales D *et al.* Varenicline, an α4β2 nicotinic acetylcholine receptor partial agonist, vs sustained-release bupropion and placebo for smoking cessation. A randomized controlled trial. JAMA 2006; 296:47-55. 4. Jorenby DE *et al.* Efficacy of varenicline, an α4β2 nicotinic acetylcholine receptor partial agonist, vs placebo or sustained-release bupropion for smoking cessation. A randomized controlled trial. JAMA 2006; 296:56-63. 5. Coe JW *et al.* Varenicline: An α4β2 nicotinic receptor partial agonist for smoking cessation. J Med Chem 2005; 48:3474-3477.

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Pfizer Date of preparation: October 2008. CHA640e

C+D Clinical

Treating painful ears and throats

A pharmacist's guide to managing these common symptoms and advising on suitable treatments

60-second summary

Would you sell a cerumenolytic to a customer who said his ear was blocked by wax?
Patients may wrongly ascribe their ear symptoms to wax when the real problem may be more serious. Pharmacists should not sell ear wax removal products before a doctor or nurse confirms diagnosis using an auriscope.
What is the most effective product for ear wax removal?
Studies have shown little difference in efficacy between ingredients.
Are sore throat treatments any good?
Sore throats associated with colds are usually due to hydrophilic rhinoviruses whereas sore throat products are either antibacterial or antifungal, or act against lipophilic viruses. However, saliva produced by sucking lozenges can be soothing, and gargles can flush away microbes from the pharynx for up to an hour.

Reflect

What would you recommend for ear pain? Can otitis externa be treated over the counter? Which drugs can cause a sore throat? How effective are the antibacterials in sore throat treatments?

Plan

This article covers common ear and throat problems and their treatment over the counter. It discusses when a problem should be referred and the effectiveness of the treatments that you are able to recommend.

CPD This article (Module 1460) can help in the following CPD competencies: **G1a, G1c, G1d, C1a, C1f.** See http://tinyurl.com/68ox7b

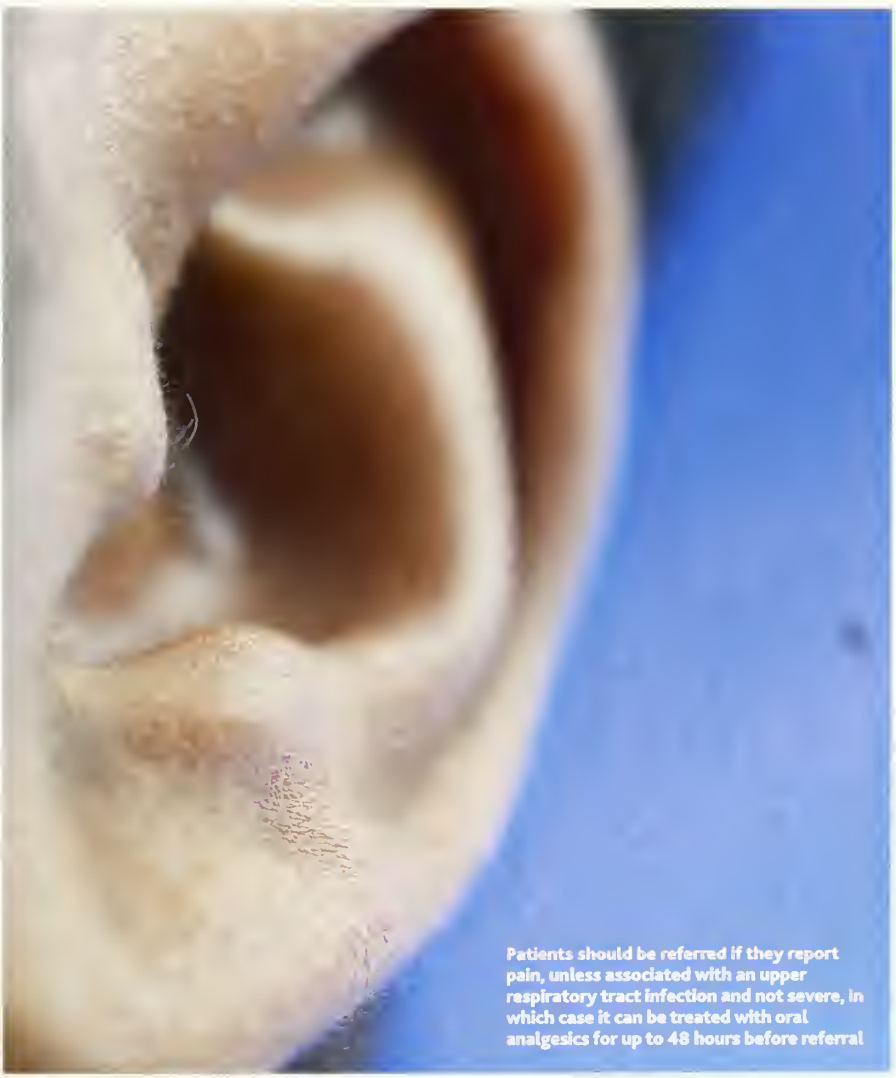
Alan Nathan FRPharmS

In the pharmacy, sore throat advice is usually sought in association with a cold or flu. Ear pain may be a symptom of an upper respiratory infection and advice is often sought for problems that patients blame on ear wax. In some cases, self-treatment of an ear problem or sore throat is not advisable as symptoms may indicate the need to refer.

This article will review ear and throat conditions and their OTC treatment, giving guidance on differentiating between minor ailments and those that might be more serious. (For more on sore throat associated with upper respiratory tract infection, see C+D Update, December 2, 2006, p19-22).

Ear problems

The main difficulty in responding to ear symptoms is that, before treatment can be recommended, nearly all conditions require



Patients should be referred if they report pain, unless associated with an upper respiratory tract infection and not severe, in which case it can be treated with oral analgesics for up to 48 hours before referral

examination and investigations that are beyond the scope of pharmacists' expertise and resources. In addition, treatment is often prescription only. Refer patients if they report: pain (except in the limited situations described under Earache, below); hearing loss or deafness; vertigo; tinnitus; 'blocked' ears; discharge; foreign body in the ear; bleeding; nausea or vomiting; neck stiffness; or any ear injury.

Earache

In adults, earache may sometimes be associated with an upper respiratory tract infection and, as long as the pain is not severe, can be treated with oral analgesics for up to 48 hours before referral if the condition does not improve. Earache in children should always be referred, as otitis media (infection of the middle ear) is fairly common and repeated attacks can lead to permanent damage if not managed properly. However, an oral analgesic can be advised until a doctor can be seen.

OTC treatments

- Oral analgesics were reviewed in two recent C+D Update articles (August 23, p17-20 and October 18, p17-19, 2008).
- For analgesic ear drops, there is one formulation containing a local analgesic – choline salicylate, together with glycerol – available without prescription and licensed for the relief of earache and softening of ear wax. Choline salicylate has a counter-irritant effect and is hydrolysed by cutaneous esterases to produce salicylic acid, which probably exerts some anti-inflammatory effect by virtue of its antiprostaglandin activity. However, the BNF states that topical treatment of otitis media is ineffective and that there is no place for local anaesthetic drops.

Otitis externa

Otitis externa is inflammation of the external auditory canal. It is either:
Localised – infection of a hair follicle that can progress to become a furuncle (boil) in the ear canal, or
Diffuse (also known as swimmer's ear or tropical ear) – a more widespread inflammation of the skin and subdermis of the external ear canal that can extend to the external ear and the tympanic membrane (ear drum). The acute form is usually caused by bacterial infection, but it may be fungal or viral. The chronic form is eczematous and may be atopic or a contact dermatitis.

Dermatitis may become infected and the two types of otitis externa can exist together.

OTC treatments

- Mild eczematous otitis externa affecting only the pinna (the largely cartilaginous projecting portion of the outer ear), in patients 10 years old and over, can be treated with hydrocortisone 1 per cent cream, twice daily for up to one week before referral if it is ineffective.
- aluminium acetate (13 per cent) ear drops BP can be used as an anti-inflammatory for eczematous otitis externa in the external ear canal. Aluminium acetate is astringent, hygroscopic and produces an acidic environment that is hostile to pathogenic bacteria. However, the preparation is not readily available; it would have to be ordered from a specials manufacturer and is likely to be expensive.
- A 2 per cent spray solution of acetic acid has antibacterial activity and is licensed for treating superficial infections of the external auditory canal in adults and children over the age of 12. The treatment should be discontinued and medical advice sought if symptoms do not improve within 48 hours of starting treatment.

Ear wax

Cerumen (ear wax) is a complex oily fluid secreted by sebaceous and apocrine glands in the external auditory canal that combines with exfoliated skin cells to form a protective waxy layer. This is normally moved outwards by jaw movements when speaking and chewing, and removed by washing. Some individuals, however, produce excessive cohesive cerumen, which forms a waxy plug affecting hearing and causing discomfort. Pharmacists should not attempt to diagnose impacted ear wax. Patients often incorrectly ascribe their ear symptoms to it, but its presence can be confirmed only by examination with an auriscope. Pharmacists can, however, offer advice on cerumenolytics once the condition has been diagnosed by a doctor or suitably qualified nurse. Syringing is usually necessary to remove ear wax, although cerumenolytics can be used in advance to soften, loosen and partially dissolve it.

Treatments (cerumenolytics)

Several approaches are taken to loosen and dissolve wax in the ear, including using aqueous and oily solvents and surfactants, and oxygen generation to facilitate penetration of water into the plug. Constituents of cerumenolytic products include:
- fixed and volatile oils used as wax solvents
- glycerol, as a softener
- docusate, a surfactant facilitating the penetration of water
- urea hydrogen peroxide, which reacts with naturally produced catalase enzyme to release oxygen and help break up wax mechanically, while urea increases penetration
- paradichlorobenzene, which is claimed to assist penetration of oils into wax plugs.

Little difference in efficacy has been found between cerumenolytics[1,2], and it has been reported that they may be no more effective than using warm water or saline shortly before syringing.[3,4] The BNF recommends olive oil, almond oil, or sodium bicarbonate ear drops for softening wax before syringing.

Otic barotrauma

Otic barotrauma is pain in the ear experienced during air travel. It is caused by a failure of pressure equalisation between the area behind the eardrum and the outside environment as cabin air pressure rises during an aircraft's descent. It is more likely in people who have had repeated ear infections in childhood, or have suffered inner ear damage or injury from other causes. It is also worsened by a current or recent upper respiratory tract infection.

Treatments

Barotrauma is often relieved by use of a decongestant nasal spray just before descent begins or an oral decongestant (eg pseudoephedrine) taken about an hour before descent. Chewing or sucking (eg a boiled sweet) or yawning help to equalise pressure in the eustachian tube and ease pain. Valsalva's manoeuvre can also be used: the nostrils are held tightly closed with the thumb and forefinger while the person tries to blow out through the nose with the mouth closed.

Sore throat

Sore throat is usually associated with the common cold but is also a symptom of more serious conditions that should be referred. These include:
Glandular fever (infectious mononucleosis) A viral infection, the features of which are sore throat, swollen lymph glands and fever. It is more common in adolescents. Patients normally recover within six weeks without treatment, but may feel tired and depressed for several months afterwards.
Tonsillitis Inflammation of the tonsils. This is usually caused by haemolytic streptococcus, with a purulent discharge, fever and malaise.
Oral thrush (candidiasis) A yeast infection, causing sore throat and mouth, with white patches on the oral mucosa.
- adverse drug reactions. Several drugs can cause agranulocytosis through immunosuppression; sore throat is an early symptom. Causative drugs include:
  - captopril
  - carbimazole
  - cytotoxics
  - neuroleptics eg clozapine
  - penicillamine
  - sulfasalazine and sulphur-containing antibiotics (co-trimoxazole, sulfadiazine).

Treatments

Pastilles and lozenges The action of sucking anything produces saliva, which lubricates and soothes inflamed tissues

Department of Health

Give your views now!

Consultation on the General Pharmaceutical Council

The Scottish Government

Cynulliad Cenedlaethol Cymru
The National Assembly for Wales

Read this supplement and have your say

The Department of Health, Scottish Government and Welsh Assembly Government are seeking views on the proposals to create the General Pharmaceutical Council (GPhC), the new regulator for pharmacy.

This special supplement outlines the major proposals contained in the draft Pharmacy Order 2009 which sets out the role, functions and powers of the GPhC, which will be set up in Great Britain in 2010.

The establishment of the GPhC is a real opportunity for pharmacy to create a modern and responsive professional regulator that instils confidence in the public and commands the respect of the professions it regulates.

We are particularly interested in hearing your suggestions on how this could be achieved and have identified key consultation questions to help you structure your response around the new areas covered by the Order.

This supplement is a brief summary of the main proposals. To see the full version of the consultation paper, key questions and the draft Order, and to use the online consultation response form, please go to www.dh.gov.uk/en/Consultations/Liveconsultations/DH_091681. The closing date for responses is 9 March 2009.

Why we need a new regulator

Pharmacy practice is likely to change over the next decade with both pharmacists and pharmacy technicians developing key aspects of their practice and delivering new services – and professional regulation needs to keep pace.

The proposals for the functions and powers of the new GPhC are designed to sustain and enhance these developments and to support innovation and progress.

In making the changes in the Order, the Government is also ensuring that pharmacy is fully integrated with wider policy to harmonise the regulation of all health professionals. This is happening according to key principles which were set out by the Government in the 2007 White Paper *Trust, Assurance and Safety – the regulation of health professionals in the 21st century*.

It focused on measures to improve public protection and confidence through establishing independence, delivering safety and quality of care, and ensuring that regulation is proportionate and not an unnecessary burden. It also set out the need for there to be a clear separation of regulation from professional leadership.

Vision

The Government has set out a vision for the GPhC:

- To promote improvements in pharmacy regulation for the benefit of people who use pharmacy services.
- To ensure public and patient safety and quality of care in the delivery of pharmacy services.

- To maintain public confidence in the pharmacy profession.
- To be responsive to the many drivers (from science, technology and health policy) for improving care.

Timetable

The draft timetable, subject to parliamentary process, is as follows:

- Chair and Council designate appointed – summer 2009.
- Consultation on the constitution and governance – summer 2009.
- Final draft Order agreed by Scottish and Westminster parliaments – autumn 2009.
- Consultation on standards and rules – autumn 2009.
- GPhC fully operational – 2010.

Overview of the draft Pharmacy Order 2009

The purpose of the draft Order is to:

- establish the new pharmacy regulator and its statutory duty to consider the interests of stakeholders;
- set out the framework for the constitutional and governance arrangements;
- set out arrangements for accountability to UK parliaments and assemblies;
- outline arrangements for the GPhC's key functions, which include:
  - registration of qualified and competent practitioners;
  - temporary registration and annotations during emergencies;
  - setting and securing standards of practice, education and training, continuing professional development (CPD) and conduct;
  - operating fitness to practise procedures;
  - registration, regulation and inspection of pharmacy premises and enforcement responsibilities;
- establish arrangements for the GPhC to set fees.

New developments

While pharmacy regulation will in many respects remain the same, there will be several new developments for the GPhC to implement, including:

- new cross-government principles of good governance;
- a more flexible approach to the setting of standards and fees
- statutory CPD;
- statutory standards for premises and provisions for the registration of premises in an emergency;
- mandatory registration of pharmacy technicians.

To respond to the consultation, go to
www.dh.gov.uk/en/Consultations/Liveconsultations/DH_091681

Further information

There will be five consultation events in 2009 as follows:

- 19 January, in London, for professionals.
- 30 January, in Leeds, for professionals.
- 11 February, in Edinburgh, for professionals, patients and the public.
- 24 February, in London, for patients and the public.
- 25 February, in Cardiff, for professionals, patients and the public.

For bookings and further details of the events, go to www.pcc.nhs.uk/events

For further information about the establishment of the GPhC and the Pharmacy Regulation and Leadership Oversight Group, go to www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/Modernisingprofessionalregulation/Pharmacyprofessionalregulation

General Pharmaceutical Council – 10 key points

1. The Government is harmonising the regulation of all health professionals to ensure that the focus is on public protection – pharmacy is an integral part of this wider policy programme.
2. The GPhC will replace the Royal Pharmaceutical Society of Great Britain (RPSGB) as the regulator for pharmacists in 2010.
3. The GPhC will provide an integrated regulatory framework for pharmacy covering professionals (pharmacists and pharmacy technicians) and the environment in which they practise (premises and pharmacy owners).
4. The GPhC will cover England, Scotland and Wales, and is likely to have a presence in each country. The Order also proposes that the Council will have at least one member who lives or works wholly or mainly in each of the participating countries.
5. The Order provides for a single register for practising pharmacists and pharmacy technicians and proposes that those who are registered will be able to use the protected titles of 'pharmacist' and 'pharmacy technician'.
6. For the first time, there will be statutory standards for pharmacy premises. The Order also proposes that the GPhC could set fees that relate to the scale and/or scope of activities.
7. CPD will be a statutory requirement for pharmacists and pharmacy technicians from the day the GPhC opens.
8. The Council will have between 9 and 15 members and, as a minimum, equal numbers of professional and lay people who will, together with the Chair, be appointed by the Privy Council.
9. Fees for 2010 will be set by the RPSGB in mid-2009 and collected by the RPSGB. Once the GPhC opens in 2010, a transfer of regulatory money, as appropriate, will be made.
10. The independent Pharmacy Regulation and Leadership Oversight Group, involving 21 key pharmacy stakeholders, has been set up to provide advice to Ministers and to work with stakeholders to ensure a smooth transition of functions from the RPSGB to the GPhC.

To respond to the consultation, go to
www.dh.gov.uk/en/Consultations/Liveconsultations/DH_091681

and washes away infecting organisms. All lozenges and pastilles, regardless of ingredients, produce this action and much, if not all, of their effectiveness is due to this.

Demulcents Non-medicated glycogelatin-based demulcent pastilles, such as glycerin, lemon and honey pastilles or boiled sweets, may be as effective as anything for soothing a sore throat, for the reasons stated above. Because they contain no medicament they can be taken as often as necessary to stop the throat feeling dry, thereby relieving discomfort. Some products contain ingredients with volatile constituents, particularly eucalyptus oil and menthol. These produce a sensation of clearing blocked nasal and upper respiratory passages, and can be useful in relieving symptoms of upper respiratory tract infections that often accompany sore throat. The main disadvantage of most demulcent throat lozenges and pastilles is their high sugar content.

Antibacterials Many products for sore throat contain antibacterials. However, causative infections of sore throat associated with the common cold are normally viral and not susceptible. A systematic review of randomised controlled trials[5] concluded that systemic aspirin, ibuprofen and paracetamol are at least as effective as products marketed specifically for sore throat. The antibacterial compounds used in sore throat lozenges are benzalkonium chloride, cetylpyridinium chloride, dequalinium chloride, tyrothricin, amylmetacresol and hexylresorcinol, which are mainly cationic surfactants and phenolic antiseptics. They are bactericidal and have varying degrees of antifungal activity. They possess activity against lipophilic viruses, but rhinoviruses, which are largely responsible for the common cold, are hydrophilic and not of this type. A sore throat complicated by a secondary bacterial infection would normally be treated with a systemic antibiotic.

Benzocaine Benzocaine is a local anaesthetic included in several sore throat products. It is effective when applied to the oral mucosa and may be helpful if mild dysphagia (discomfort in swallowing) accompanies sore throat. Benzocaine can cause sensitisation with prolonged use, so should be limited to five days, and benzocaine-containing lozenges should not be used at all by children or the elderly.

Anti-inflammatories Flurbiprofen is a non-steroidal anti-inflammatory available as a lozenge for the relief of sore throat. In a double-blind clinical trial[6] flurbiprofen lozenges provided an effective and well tolerated treatment. The dose is one every three to six hours to a maximum of five in 24 hours. The usual precautions for the use of NSAIDs apply. Another sore throat lozenge contains the NSAID benzydamine.

Gargles Gargles mainly contain antiseptic ingredients, often the same as those in throat lozenges, with the same drawback insofar as most have no proven antiviral activity. In addition, contact time with infected tissue is extremely short. One product contains benzydamine. The main action of gargles is the mechanical removal of microbes from the pharynx, but tests have shown that levels of contamination are restored within about an hour.

Throat sprays Throat sprays contain either a local anaesthetic alone or a local anaesthetic and an antiseptic.

Alan Nathan FRPharmS is a pharmacy writer and consultant and visiting lecturer, King's College London.

References are online at www.chemistanddruggist.co.uk/update

Your Continuing Professional Development

CPD

Act

- Read the Pharmacy Update article Cold, Flu and Sore Throat (C+D, December 2, 2006, p19-22) or online at http://tinyurl.com/56sl2p
- Revise your knowledge of analgesics by reading the Pharmacy Update articles on Headache (C+D August 23, p17-20, 2008, http://tinyurl.com/5jyv9x) and OTC NSAIDs (C+D, October 18, p17-19, 2008, http://tinyurl.com/5ah7gx) if you have not already done so.
- For more detailed information about ear problems read the article on the Deafness Research UK website about ear wax and the following pages on itchy ears and ear pain while flying, http://tinyurl.com/6n4k3v. Think about the advice you could give to patients.
- Read more about sore throats and their treatment on the NHS Choices website http://tinyurl.com/6cp7ar
- Read the sections on sore throats and ear problems in the C+D Guide to OTC Medicines. Which products would you recommend? Make sure your staff are aware of your recommendations.

Evaluate

- Are you now familiar with the common problems patients may have with their ears and throat? Do you know when to refer more serious conditions? Are you aware of the efficacy of the OTC treatments for ear and throat problems, and confident in the products you can recommend?

5 MINUTE TEST

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For more real-life scenarios see:
www.chemistanddruggist.co.uk/practicalapproach

A Practical Approach

Strontium ranelate

Salma Hussein, formerly a pre-registration trainee at the Update Pharmacy and currently a locum community pharmacist, phones David Spencer, who was her tutor.

"I expect you can guess why I'm calling, David," Salma says. "I've got another problem I'd like your advice on."

"Go ahead," says David.

"I've had a prescription for strontium ranelate for osteoporosis prophylaxis for a lady in her 60s. As you know, the PCT policy is for GPs to prescribe bisphosphonates unless patients can't take them for some reason. The lady's been on sodium alendronate for more than three years. She says she has no problems with it, her BMD is fine and her doctor didn't tell her he was changing her treatment."

"Well," David replies "just check it out with the doctor."

"That's where the problem is – the doctor is Dr Hahn. In the patient's interest, I think he should reconsider his prescribing, or at least explain it. But I remember when I was at Update we had problems with his hostile attitude if ever we took a prescribing issue to him. What would happen if I phoned him?"

"Ah, that is something of a challenge," David remarks. "But I can suggest what might be the best way to get the message across without antagonising him."

This article can help in the following CPD competencies: **G1a, G1c, G1d, G1s, G2h, G2k, C1a, C1b .** See http://tinyurl.com/68ox7b

Questions

1. Apart from being unsuitable in renal impairment, what are the main problems with strontium ranelate?
2. What might be the best way of getting the message across to Dr Hahn without antagonising him?
3. How do the counselling instructions for taking sodium alendronate and strontium ranelate differ, and why?

Can you suggest a scenario for Practical Approach? We're offering a £10 Amazon voucher for those we publish. Email ideas to haveyoursay@cmpmedica.com

Answers

1.a) Increased risk of venous thrombo-embolism. b) Severe hypersensitivity syndromes, particularly DRESS (drug rash with eosinophilia and systemic symptoms, including adenopathy, hepatitis, interstitial nephropathy and interstitial lung disease). The consequences can be fatal.

2. Don't telephone, but send a note that Dr Hahn can consider at his convenience and reflectively. Start by being positive and approving of his current prescribing. Go on to point out that the change appears not to accord with PCT policy and that the patient wishes to understand why the change was made.

3. Sodium alendronate: to avoid severe oesophageal reactions, tablets should be swallowed whole with plenty of water while sitting or standing, on an empty stomach at least 30 minutes before breakfast (or another oral medicine), and the patient should stand or sit upright for at least 30 minutes afterwards. Strontium ranelate: food, milk and milk products, and medicines containing calcium can reduce the bioavailability by about 60 to 70 per cent, so administration of the granules and such products should be separated by at least two hours. Taking aluminium and magnesium hydroxides within two hours before or together with strontium ranelate slightly decreases its absorption, so it is better to take antacids at least two hours after the drug. Strontium ranelate complexes with tetracycline and quinolone antibiotics and reduces their absorption, so should be suspended while either of these antibiotics is being taken.

Clinical Alerts – Sign up for C+D's free newsletter at www.chemistanddruggist.co.uk/register

Alerts

Camcolit 250 (lithium carbonate) Patients should be warned of the possible hazards when driving or operating machinery. Norgine, 01895 826600, medinfo@norgine.com

Domperidone 1mg/ml suspension Name changed from Motilium 1mg/ml suspension; also updated cardiovascular warnings. Winthrop Pharmaceuticals UK, 0800 328 3627, winthrop@medinformation.co.uk

Isoniazid tablets 100mg, 50mg (isoniazid) Official guidance should always be consulted when selecting dose regimens according to age and body weight, duration of therapy and content of the combination treatments. UCB Pharma, 01753 447690, medical informationuk@ucb-group.com

Lyrica capsules (pregabalin) Added information on vision loss and suicidal ideation. Pfizer, 01304 616161.

Motilium 30mg suppositories (domperidone) New information on overdose. Winthrop Pharmaceuticals UK 0800 328 3627, winthrop@medinformation.co.uk

Tavanic 500mg, 250mg tablets (levofloxacin) Indications for acute bacterial sinusitis and acute bacterial exacerbations of chronic brochitis now specify that the patient must be adequately diagnosed according to guidelines Sanofi-Aventis, 01483 505515, uk-medicalinformation@sanofi-aventis.com

Amaryl (glimepiride) New information on pregnancy and lactation. Sanofi-Aventis, 01483 505515, uk-medicalinformation@sanofi-aventis.com

Cancidas (caspofungin) Formerly Caspofungin MSD. Addition of black triangle following indication extension to include paediatric population. Merck Sharp & Dohme, 01992 467272.

Adenocor (adenosine) New special warning on potential to cause hypotension, and also sensitivity following heart transplant. Sanofi-Aventis, 01483 505515, uk-medical information@sanofi-aventis.com

Actonel 30mg tablets (risedronate) Hair loss added to undesirable effects. Procter & Gamble Pharmaceuticals UK 01784 474900.

http://emc.medicines.org.uk

New Products

Methotrexate 10mg tablets Indications are active rheumatoid arthritis in adult patients and severe forms of psoriasis vulgaris that cannot be sufficiently treated with conventional therapies. Orion Pharma, 01635 520300, medical information@orionpharma.com

Nicorette invisi 10mg, 15mg and 25mg (nicotine patch) Indicated for the relief of nicotine withdrawal symptoms as an aid to smoking cessation in adults and children over 12 years of age. The patch is intended to be worn through the waking hours. McNeil, 01344 864042, crc@medgb.jnj.com

Abstral sublingual tablets (fentanyl citrate) Indicated for breakthrough pain in adult patients using opioid therapy for chronic cancer pain. ProStrakan 01896 664000, medinfo@prostrakan.com

Oldaram 100mg, 150mg, 200mg prolonged-release tablets (tramadol hydrochloride) Treatment of moderate to severe pain. Ranbaxy, 0208 280 1600, information.uk@ranbaxy.com

Avamys 27.5 micrograms spray (fluticasone nasal spray) Indicated for allergic nasal symptoms in adults and children over six years. GlaxoSmithKline UK, 0800 221441, customercontactuk@gsk.com

Want a free SPC email alert? Sign up at www.chemistanddruggist.co.uk/register

GPs under 'pressure' to issue neuroleptics, claims professor

GP leader Professor Steve Field has claimed GPs are under great pressure from nursing home staff to prescribe neuroleptics for agitated patients.

Following publication of new data in The Lancet showing increased mortality in Alzheimer's disease patients receiving neuroleptic treatments, Royal College of General Practitioners chairman Professor Field said the drugs could be extremely dangerous.

They should be prescribed only when absolutely necessary and only after a thorough assessment, and even then patients should only be given the treatment for a very short time. The treatment should also be reviewed regularly.

"Doctors can come under great pressure from staff in nursing and rest homes to prescribe these drugs to agitated patients," he said.

"But we know doctors across the country are being vigilant and doing everything they can to avoid prescribing these drugs except as a last resort."

The new mortality results come from long-term follow up of the DART-AD study of the effect of neuroleptics on cognitive decline and neuropsychiatric symptoms in patients with Alzheimer's disease living in care facilities.

Survival over 12 months was 70 per cent in the treated group compared with 77 per cent in the placebo group. The difference between the two groups was more pronounced over time, with survival at 46 per cent and 71 per cent respectively at 24 months, and 30 per cent and 59 per cent at 36 months.

The authors said the results highlighted the need for less harmful long-term treatments for neuropsychiatric symptoms in these patients.
http://tinyurl.com/934pbk

Co-morbidity predicts repeat ADR admissions

Co-morbidity treated in the community, not age, is likely to be the most important predictor of admission for a repeat adverse drug reaction, according to Australian researchers.

Some 28,548 patients aged over 60 were followed up over three years.

The resulting study published in the BMJ showed that significant co-morbidities were associated with a relative risk of re-admission of 1.7 compared with other patients in the study.

Other predictors were co-morbid malignancies, diabetes with chronic complications, liver disease and chronic pulmonary disease. By comparison, age was not a significant factor.
http://tinyurl.com/7e2ml6

Study examines eczema-water link

Researchers at the University of Portsmouth are looking for children with moderate to severe eczema for a study of the effect of installing a water softener.

Eczema affects up to 20 per cent of schoolchildren in the UK, but is reported to be commoner in hard water areas such as Portsmouth and the Isle of Wight.

Establishing a link between water hardness and eczema could represent an important development for psoriasis treatment in children.

In the study, taking place now, the researchers apply water softening to every tap in the subjects' houses except the one used for drinking water, and observe the possible effects on the children's eczema. The children are followed up three times during the 16-week study period.

One child who had completed the trial had shown a dramatic improvement in eczema symptoms.

At entry, the child's eczema required him to be wet-wrapped from head to toe, but less than two weeks after the water softener was installed his mother reported a dramatic improvement in his condition.
www.swet-trial.co.uk

Children at risk as cases of measles rise

Health Protection Agency officials have again warned that measles cases are rising across the country and that large numbers of children are at risk.

The agency reported 1,217 confirmed cases from January to November 2008, 115 of which occurred during the last month of the period, and warned the large number of cases was due to low levels of MMR immunisation during the past decade.

Immunisation rates were now again high, with eight out of 10 children receiving one dose of the MMR by their second birthday, said immunisation expert Dr Mary Ramsay.

"Measles is a very serious infection as it can lead to pneumonia and encephalitis, even in healthy children," she added.
http://tinyurl.com/9tdvqs

Clinical Briefs

Etanercept for children

The biologic treatment etanercept (Enbrel) has received European approval for treating chronic severe plaque psoriasis in children and adolescents.
www.wyeth.co.uk

End of life drug guidance

Nice guidelines designed to boost access to drugs that extend life in terminally ill patients are unlikely to make much difference, according to a Southampton University professor writing in the BMJ.
www.bmj.com

Framingham drawback

Risk factors derived from the Framingham study are not effective in very elderly people with no history of cardiovascular disease, according to a study published by the BMJ.
http://tinyurl.com/8rrhpw

Statins for dementia?

An analysis of 6,992 comparable patients results dating back to the early 1990s published in the Journal of Neurology, Neurosurgery and Psychiatry has revealed a relative risk of 0.57 of dementia in the group who received statins.
http://tinyurl.com/9obf67

Win cash in Update 2009

There are many more prizes to be won in the new-style Update 2009 – so register now! All those who accurately complete the month's CPD will go into a draw for a £50 prize. All who achieve a year's-worth of correct answers will go into a draw for £400.

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New diabetes drugs – want to know more? www.chemistanddruggist.co.uk/clinicalindex

Management of diabetes simplified

Lesley Ribbens

A rebranding exercise by Bayer HealthCare is aiming to simplify diabetes management for patients and healthcare professionals alike.

Under the 'Simple Wins' initiative, Ascensia Microfill test strips have been renamed Contour test strips, bringing them into line with the Contour blood glucose meter. Similarly, Ascensia Microlet lancets are now known simply as Microlet lancets.

Initially prescriptions using the old names can be fulfilled but patients should be reminded to get their prescriptions changed in future, says Bayer. The products and their pip codes remain unchanged.

Product info:
Bayer Diabetes Support
Tel: 0845 600 6030

For on TV this week go to:
www.chemistanddruggist.co.uk/prodnews

Keeping it clean

Hygiene and sterilisation brand Milton is extending and rebranding its offering.

The new product, launching in the spring, is an antibacterial fabric solution to be used alongside ordinary washing powders. It claims to kill harmful germs at all wash cycle temperatures and when hand washing. The product is said to be ideal for use by mums when washing babies' clothes, bedding and reuseable nappies. It is bleach-free and safe with all fabric types, adds Milton Pharmaceutical. A litre bottle contains sufficient for around 50 washes.

Under the redesign, new packaging designs have been introduced across the range. The new logo is said to create a 'warm friendly brand that parents trust' while the sterilising fluid bottle has been reshaped to make it easier to handle. Milton antibacterial surface wipes are newly biodegradable.

In support, consumer PR activity and print advertising in key parenting titles is running.

Price: £5.49/1 litre
Ceuta Healthcare
Tel: 01202 780558

Pink link for charity

Australian Bodycare's hand and body lotion has been given a pink makeover for 2009 in a link-up with the Breast Cancer Campaign. For each bottle sold, the company will donate £1 to the charity.

The lotion contains 5 per cent tea tree oil and is said to be suitable for everyday moisturisation for all the family.

With over 45,000 new cases of breast cancer diagnosed in UK women each year, the disease will affect one in nine women during their life. The Breast Cancer Campaign funds research into the disease, including treatment and prevention.

Price: £8.80/150ml
Pip code: 343-7860
Australian Bodycare
Tel: 01892 750850
www.australianbodycare.co.uk

TV works for wax

Audiclean Ear Wax Remover has begun its first television campaign, reports manufacturer Passion For Life Healthcare. The 10-second ad is running until early February in the Westcountry ITV region.

The product's natural ingredients and effectiveness are highlighted. A plug is given to Audiclean Ear Cleansing Wash too, describing it as a safer alternative to cotton buds for preventing the build up of ear wax. Together the products are portrayed as the 'complete solution to ear wax problems'.

If the regional advertising proves successful, the campaign is expected to expand.

Product info:
Passion For Life Healthcare
Tel: 01372 847272

Competition news

Vaseline winners

Congratulations to the winners of the latest C+D reader giveaway that appeared in the December 6, 2008, digital issue. The lucky five, who will each receive a selection of Vaseline Intensive Rescue products, are: Raj Jain, B Patel, Sue Russell, Christine Johnson and Sue Harper.

For your chance to win, look out for reader giveaways in future issues on C+D's product news pages.

Product briefs

Cotton on to new cleanser

Clarins has extended its range of cleansers with the introduction of a variant for normal or combination skin. Containing cottonseed, the new gentle foaming cleanser is said to make cleansing with water more effective, effortless and pleasurable.
Price: £14.68/125ml
Pip code: 343-1723
Clarins UK
Tel: 020 7307 6700

C+D AWARDS 09

Your turn in the spotlight

Championing the very best of community pharmacy, the C+D Awards 2009 celebrates the people and companies who go above and beyond the call of duty when delivering pharmacy services. Whether you are a newly qualified pharmacist or a pharmacy technician, an LPC chief executive or a pre-registration student, this is your chance to be in the spotlight. Tell us about your achievements and it could be you on the winner's podium.

Enter online today
www.chemistanddruggist.co.uk/awards

In association with

NPA National Pharmacy Association

The green scene

CD08 AWARD WINNER

What do scooters, riot police and cellulose have to do with going 'green'? Zoe Smeaton finds out from C+D Green Award 2008 winner Reverend David Croucher

When Reverend David Croucher decided to go green, he did it in style. From the designer 'gel-bag' saving water in the dispensary toilet, to the Harrod's green pharmacy delivery vehicle that has proved popular with the locals, he has come a long way from a neglected recycling bin and a drawer full of energy-saving lightbulbs.

The journey has not been simple, he says. "Going green in any situation does not just happen overnight in one fell swoop. No, it stems from an attitude of mind, in life and the workplace."

Perhaps the most important area of focus has been repeat prescriptions, which account for 85 per cent of Niton Pharmacy's business. Investigating how patients managed their repeats, Rev Croucher found many were visiting the doctor to order the prescription, then collecting it and going to the pharmacy, resulting in a journey of 10 to 15 miles. With 300 patients doing this every month, the miles were totting up. So Rev Croucher agreed with doctors that, with the permission of patients, he would order and collect all repeat prescriptions himself, visiting the surgery twice a week on his journey home.

He also saves patients travelling to the pharmacy to collect their medicines by delivering them in the pharmacy's iconic delivery vehicle. Rev Croucher's hunt for environmentally friendly transport led him to a three-wheeler scooter/moped engined Piaggio Ape, which does 85mpg and has been a big hit with the locals.

"Patients love it, they wave to it everywhere," he enthuses. It has also brought some unexpected adventures, as Rev Croucher was once circled by participants in a scooter rally – who fortunately turned out to be friendly – and has been blown over on a coastal road, needing passers-by to rescue him.

Looking to the future, Rev Croucher hopes the electronic prescription service will enable his repeats service to be even greener by transmitting everything without the need for paper.

To move this along he has immersed himself in early testing of EPS, working with Cegedim Rx. He says: "It has been a huge privilege to be involved in that, it has been tremendous."

But it's not all about repeats. The dispensary itself has also had a large dose of the green treatment. Lighting is now achieved by fluorescent tubes and 'moongreen' phosphorescent plug-in lights at night; a 'gel-bag' in the toilet is used to reduce water usage; thermal carpets keep the heat in and all cardboard is recycled and collected. Rev Croucher's "much needed" hot drinks have received attention too and are now made using a kettle designed to boil only the exact quantities of water needed to fill cups.

The pharmacy windows have been double glazed, using heavy duty Plexiglass used in riot police shields, to keep the heat in. Rev Croucher explains: "This proved to be successful in energy need reduction and also a perfect foil for a potential intruder who punched his way through the outer dispensary window only to literally bounce his hand back off the Plexiglass!"

Even celebrations have not been missed out. On the advice of the local garden centre, the pharmacy's Christmas lighting displays used low energy consumption LED bulbs and were only switched on after dark and until 8pm. But they still pleased the locals. "We had very favourable comments as to how pretty the shop looked," Rev Croucher says.

Patients have been involved at every step, and Rev Croucher says this has been key. For example, plastic bags have been ousted in favour of bags made from corn starch cellulose that biodegrades in a matter of weeks, and cotton 'lifelong' bags. By explaining the rationale to patients, none have complained, and indeed Rev Croucher says: "The cotton bags have gone down so well, it's unbelievable! We're selling them for 50 pence."

The patient involvement has been important to Rev Croucher, who believes that community pharmacy can lead by example and encourage everyone to start thinking about their own carbon footprint challenge.

And if that isn't enough incentive, it could even boost business too, he says. "Patients have been involved in every aspect of our initiative, and they're all saying it's great. By involving people we make them want to be part of the pharmacy family."

David Croucher file

Name: Reverend David Croucher

Pharmacy: Niton Pharmacy, Isle of Wight

Award won: C+D Green Award 2008

Award entry: David Croucher has left no stone unturned in his quest to go 'green' and reduce his pharmacy's carbon footprint. An overhaul of the dispensary and a focus on repeat prescriptions helped him become C+D's green champion of 2008.

Entries for the **2009 C+D Green Award** category are now open. Go to **www.chemistanddruggist.co.uk/awards** for full entry details, hints and tips, online entry or to download an entry form.

Building the best

Is your business maximising the benefits of IT? **Martin Jones** of Positive Solutions describes how simple technology developments can give you a competitive edge

Technology is becoming an increasingly integral and important part of today's pharmacies. With the rapid changes that have been introduced over the past few years, pharmacy is inundated with new requirements to record and report on numerous events and processes. There is also an increased awareness of data security, clinical responsibility, role-based access to information and the importance of clear and robust audit trails.

Following the publication of the pharmacy white paper, pharmacists will not just be responsible for dispensing but be required to deliver a stronger service element. The focus of community pharmacy has therefore become much more public-facing as pharmacists deal with developments such as ETP barcode scanning, minor ailment schemes, signposting, interventions, MURs and the checking and recording of interactions, particularly with new more potent P medicines.

One of the most striking advantages of incorporating more technology within the pharmacy is the increase in all aspects of safety. With pharmacists working within an increasingly hostile regulatory regime, they are rapidly discovering that it is not only patients whose safety is put at risk by dispensing or supervisory errors, but also their own professional survival.

Errors, cameras and demographics

Pharmacists are expected to do everything reasonably within their power to anticipate risks. Human error is an absolute certainty but technology can now provide an extra line of defence.

For example, links between barcode reading and robotic dispensing can help to reduce the chances of an error occurring. On the arrival of a prescription, either manually or electronically, the real or virtual barcode is checked into the pharmacy computer system. The dispensary computer automatically orders a robot to dispense the product or it is dispensed manually. The product is then picked and given a barcoded patient label before a final three-way check of barcodes on the patient label, product and prescription is made to ensure complete accuracy.

This powerful consolidation of information at the final check, backed up by a full audit trail, takes clinical governance to new levels and turns error detection from a game of chance to a precise science. The end result is that patient safety is improved and the pharmacist's record remains unblemished.

There is also an increasing use of images within pharmacy. For example, video event monitors can be programmed to trigger the recording of key events, including dispensing, use of the cash drawer and the handling of controlled drugs. They can also play a major role in increasing pharmacist safety when supervising methadone users or advising difficult patients – activities that are often carried out in private areas.

Small cameras, unobtrusively mounted at key points around the pharmacy, can also constantly record and retain images triggered by pre-programmed events, such as charging mismatches, suspicious transactions at the cash register or if refunds or void transactions are being put through.

Cameras can record methadone supplies as evidence of the patient taking the drug, or to confirm their identity. Such a system can have a strong contribution to clinical governance since recordable patient encounters can be retained alongside individual pharmacy records.

As well as introducing new safety nets, technology can play a useful part in helping pharmacists get an edge on their competitors. Demographic reporting software can provide valuable information on who is and, more importantly, who isn't using your pharmacy services in the surrounding area. Software can analyse scripts that have been dispensed within a specific time period and give a street-by-street summary of the number of patients, scripts and items dispensed. This information can allow the pharmacy to re-evaluate its marketing efforts and concentrate them in a more clearly defined area.

Waiting times, LCD screens and emails

Ever wondered how long clients wait for their prescriptions? Are you missing out on repeat business because your waiting times are too long? Waiting time analysis can identify and address any undue delays within the dispensing process. Software is already available that is able to record and report the time taken to complete each stage, from the moment that the prescription is presented to the time it is collected by the patient.

Large LCD screens can now display prescriptions ready for collection, along with average wait times and regular voice announcements. Alternatively, you can send text messages or email your patients to advise them their prescription is ready, they are due an MUR or that they need to attend the next session in a care pathway. Radical perhaps, but pharmacies can only benefit by improving their clients' experiences.

IT network

How do you use IT in your pharmacy? Share your best practice by emailing haveyoursay@cmpmedica.com

Robotics, fridges and remote supply

Technology can also be used to identify gaps in the market and create additional income.

Patients requiring MURs or who have certain conditions, for example diabetes, can be automatically flagged up and the data used to market additional services to specific client groups, such as weight management clinics for diabetics. A pharmacy IT system will also allow the pharmacist to enter a customer's name and the system can quickly check PMRs with any OTC products the patient may be buying to identify possible interactions – a vital patient safety check.

Robotic dispensing will eventually be the norm for busy pharmacies, and is even more important now that integrated pharmacy systems have the ability to speak directly to robotic dispensers, allowing the whole process to be fully automated. Pharmacists click on items and the system talks to the robot, dispensing each item within seconds. The reliability of the system makes the whole pharmacy extremely safe and efficient.

Technology can also take the strain from already stretched pharmacy staff. At present, most pharmacies have to manually monitor and record fridge temperatures several times a day as part of their clinical governance regime. However, probes are now available that will automatically record and electronically log the temperature of fridges every 10 minutes, 24 hours a day, and show the results graphically for review and audit.

In the event of a problem occurring and the temperature fluctuating above or below the normal range, a warning pop-up box appears on the pharmacy computer monitor combined with an audible alarm to check the fridge, safeguarding thousands of pounds' worth of stock. If a problem occurs out of hours, key staff can be notified by text message or email. These systems can also monitor the ambient temperature within a dispensary.

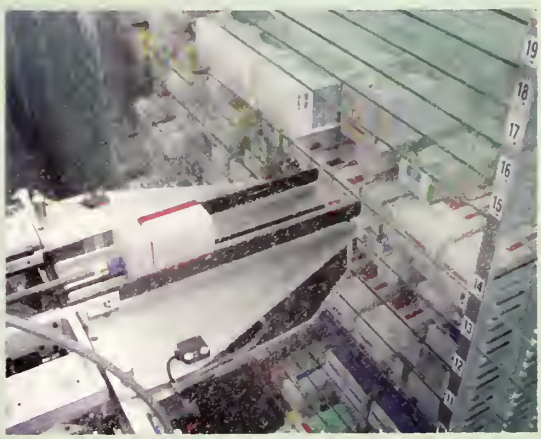
It is obvious from these examples that technology plays a huge part in the smooth, efficient and safe running of a modern pharmacy. But where will it all end? Where will technology take us eventually? Is it possible that in the future patients requiring an urgent prescription out of hours could simply visit a 'hole in the wall'? With a camera installed for remote identification, the patient could have a remote consultation with a doctor and the pharmacist could receive an electronic prescription and dispense the item remotely via a robot.

Far-fetched maybe, but not totally unthinkable.

What IT can do for pharmacy

Barcode scanning from when a prescription comes in, to the point of dispensing, provides a full audit trail and cuts the risk of errors

Small cameras can be pre-programmed to record suspicious till activity and can also be used to verify identity or medicine usage



A fully automated dispensing process is increasingly common as pharmacy systems are linked to robotic dispensers

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Looking for a new job? Got a staff problem? C+D's new weekly careers section is your one-stop guide to making the right decisions

CAREER LADDER

A day in the life...

...of Boots pharmacist and spokesperson Angela Chalmers

This morning I was in my London store for 7am to meet our delivery. I'm lucky, I only live 10 minutes by bike from work on Holloway Road. From 11am to 5.30pm, those are our 'power hours'. We're in a shopping centre so there's a lot of footfall – they come in like buses at Holloway Road! We are a very busy dispensary and have a second pharmacist on from 11am to 4.30pm.

We do quite a lot of services, which is good because that's the way pharmacy's heading. We do a collection and delivery service, methadone supervision, asthma symptom checks, the NHS Healthy Heart pilot, flu vaccinations, a hair retention programme, a cervical cancer vaccination pilot, and the NHS Stop Smoking scheme.

I'm also a spokesperson for Boots pharmacy. Sometimes it's planned days out of the store – maybe a radio day, or interviews at a certain store if we're launching a new service. My job is responding to journalists' queries and I can't do that in the dispensary, so I tend to do it in my lunchtimes or after work – it's chatting on the phone, or I email answers to questions or write an article. I like the health promotion and promotion of pharmacy as a profession – the message that your pharmacist is the best person to speak to.

I was recently at the Houses of Parliament doing health checks on MPs. And a couple of years ago I got invited to Downing Street for a health campaign – and sat next to Tony Blair!

We're constantly checking the service diary – there's a lot of forward planning. And we've got fantastic support staff, so that takes the burden off as well. We're really trying to do our best to up-skill our dispensary team. Traditionally, pharmacists aren't good delegators, but I find it's the best thing to do because your people become more confident and responsible, and your workload will become more manageable.

I actually spend a lot of my time in the consultation room. It's in constant use, which is the way it should be – this is why I wanted to be a pharmacist. Some days I'll be in the consultation room all day apart from an hour for lunch.

Sometimes I am checking emails, but I always have a proper lunch. You can't work in a busy place like that if you don't – it will compromise your concentration. I'm lucky that I have cover.

There are two favourite aspects to my day. When my patients come in and I know them by name – it's something I've always wanted. I love getting to know the regulars, I get a buzz about that. And I love it when the team come in and I can get everybody motivated for the day.

You do get the occasional customers who are rude, but my least favourite part of the day is when I'm on an early shift and I need to leave on time but feel so guilty about leaving the team.

After work I'll try to go to the gym – yoga, cycling and running. I have signed up to the Bath half-marathon, so that's keeping me motivated at the moment. I find being active helps to keep my energy levels up during the day.

I love going to the cinema, and I like to read – sometimes I'll just grab a book and go to a coffee shop. I'm not a big drinker, but I do like going out dancing with my friends, to cheesy music. It can be quite difficult to get a good work-life balance in pharmacy because it's such a stressful profession, and I have been in that position. But now it feels really good to get that work-life balance.

I don't ever want to leave Holloway Road because it's such a lovely store – I feel like we've got all the boxes ticked. Someday I would like to do my independent prescribing and put it to good use, something the community needs – but I don't know what that is yet. I train other pharmacists, so maybe some more of that – helping other pharmacists develop their services.

I have won Boots pharmacist of the year for the central London region. Will I win the overall national award? You never know, but even to get this far is amazing. If I win I'll go on a skiing holiday!

At Lloydspharmacy...

Lloydspharmacy has appointed a second pharmacist to its board.

Paul O'Hanlon joins fellow pharmacist Andy Murdock on the Lloydspharmacy Board, as business development director. He is responsible for driving the multiple's clinical service development.

Mr O'Hanlon remains head of Lloydspharmacy's sister company, Evolution Homecare.

The appointment coincides with several portfolio changes among the six other positions on the board, which managing director Richard Smith said would give Lloydspharmacy "fresh momentum at a critically important time".

At the NPA...

The NPA has nominated pharmacists Ash Soni and Dilip Joshi to the NPA Insurance Board.

Actuary Chris Ide has taken up the position of chairman, and accountant Iain McCusker was also appointed to the board, as independent non-executive director.

NPA chief executive John Turk said the appointments would bring "increased depth of industry experience" to its insurance company.

CAREER TIP of the week

"Make a copy of your application form, as well as your CV, before you send it off. That way, you'll have a record of exactly what you've told the interviewer, and you can make sure you're ready with answers to all the questions they may ask you arising from your application"
From Brilliant Interview, by Ros Jay
www.chemistanddruggist.co.uk/booksforjobhunters

Do you have a career-related question for C+D?

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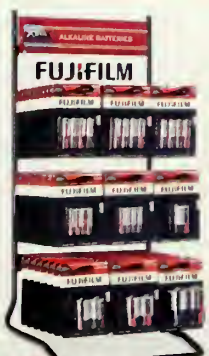

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postScript

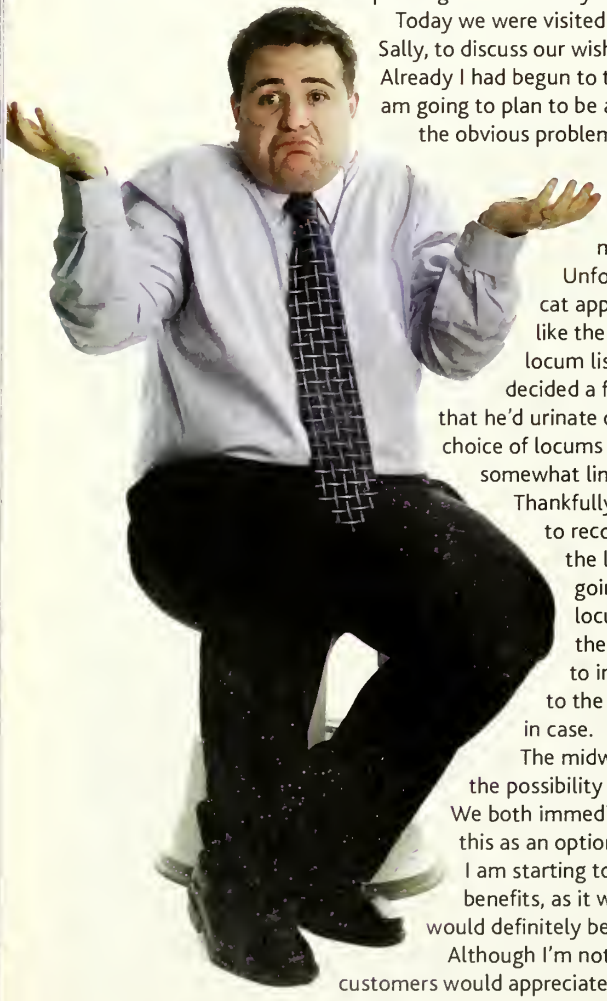
Open Mike — Mike Hewitson

The not-so-secret diary of a new pharmacy owner

Mike Hewitson is a glutton for punishment. In the midst of economic downturn and with first-time fatherhood looming, Mike has bought his first pharmacy. In this regular column, follow him from his former home in Cheltenham to Beaminster Pharmacy in deepest, darkest Dorset, and Mike will reveal the fears, frustrations and step-by-step successes of a new pharmacy owner.

> "Unfortunately, my cat didn't like the look of my locum list and decided to urinate on it"

With only seven weeks to go, we're starting to turn our attention to the impending arrival of baby Hewitson.



Today we were visited by our midwife, Sally, to discuss our wishes for the birth. Already I had begun to think about how I am going to plan to be at the birth, with the obvious problem of trying to find locum cover at short notice uppermost in my mind.

Unfortunately, my cat apparently didn't like the look of my locum list, and helpfully decided a few weeks back that he'd urinate on it! So my choice of locums has been somewhat limited since then.

Thankfully, I've been able to reconstruct some of the list, and am going to get a few locums in over the next few weeks to introduce them to the pharmacy, just in case.

The midwife touched on the possibility of a home birth. We both immediately discounted this as an option, but I must say I am starting to see the benefits, as it would mean that I would definitely be at the birth.

Although I'm not sure if customers would appreciate the sounds of a baby being born upstairs.

1859-2009

Celebrating 150 years in pharmacy

C+D celebrates its 150th birthday this year, and PostScript will be squinting back through the mists of time and taking a look at the first issues of C+D, published in 1859.

Back then, C+D was a monthly circular. As well as delivering trade news, it also provided notice of world events, music festivals and even the movements of Queen Victoria.

There was one complaint, however. "Do you not think that, instead of a monthly, it should be a weekly paper?" wrote RH Lowe. "If the surgeons can support two, if not three, weeklies, surely the chemists – quite as numerous and respectable a class – can support one?"

As the editor at the time stated: "We shall be happy to supply a weekly paper if the demand justifies the experiment."

Nothing on the box?

Girls are choosing careers in medicine because they love hospital programmes such as ER and Casualty, according to a leading head teacher reported in The Times.

Which got PostScript thinking – there may be a lack of pharmacists on mainstream TV. C+D news editor Max Gosney has previously bemoaned the lack of pharmacist superheroes in the comic books (C+D, November 15, 2008, p3). And where are the pharmacist heroes – or even just regular characters – in the lives depicted on the box?

Why aren't the residents of Eastenders and Coronation Street living out their various dramas at the chemist's counter, while picking up EHC or chlamydia testing kits? In fact, the only pharmacist TV character PostScript can think of is the evil one on America's Desperate Housewives.

If you can think of other examples, let us know – or tell us who you'd have playing the pharmacist in your favourite show.

Email postscript@cmpmedica.com or fax: 01732 367065.

Web comment of the week

Benylin campaign courts controversy
Posted by S Shah on 10/01/2009, 19:43

> **Outrageous**. Even if it is based on a valid medical opinion, this ad **invites** people to take **time off** from work

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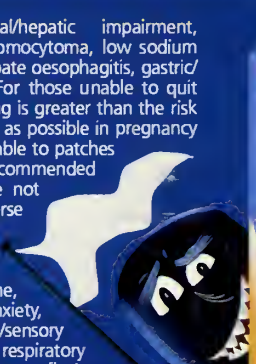

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Exclusive to pharmacy

Medinol and Medised for pain and fever in children

Following the recent changes in MHRA guidelines, this simple guide to the SSL Medi range will show you which products you can recommend - by symptom and age group – for effective relief.

For children from 3 months – 6 years

Medinol Under 6

- For the relief of pain – such as headache, teething, aches and pains – and symptomatic relief of feverish conditions

For children from 2 years – 12 years

Medised for Children

- For the relief of pain – such as headache, toothache, aches and pains – and feverish conditions
- Extra ingredient also helps ease breathing and so aids restful sleep

For children from 6 years – 12 years

Medinol Over 6

Paracetamol Oral Suspension

- For the relief of pain – such as headache, toothache, migraine, aches and pains – and symptomatic relief of feverish conditions

Exciting new support

NEW eye-catching packs bring the Medi range together for the first time.

We've launched a major new website medimums.co.uk, to help mums understand common childhood illnesses and their treatment. It will also provide handy guides to immunisation and pregnancy.

MediMums.co.uk

pain, headache, sore throat, aches and pains. Consult a or not exceed the stated dose. Immediate medical advice should be sought in the event of an overdose, is available from SSL International plc, 1 Old Park Lane, Manchester M41 7HA. Date of revision: August 6 the relief of mild to moderate pain including headache, toothache, sore throat and to reduce fever. be sought in the event of an overdose, even if the child seems well, because of the risk of delayed category P No Old Park Lane, Manchester M41 7HA. Date of revision: August 2008.

SSL group

Lane, Trafford M41 UK

SSL Pharmacy Interactive Trainer – you can also receive free training for children's pain and fever and other common OTC conditions. **For more information, call 01284 718926.**